## M/989653

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

32577202550

•		CLAIMS AS	S FILED -	PART	l			SMALL E	MTITY		OTHER	THAN	ł
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS			~w					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			₩ <sub>minus 20=</sub>		•		1	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			چ minus 3 =		*		T	X42=		OR	V04		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				1	+140=		1			ĺ
* If	the difference	in column 1 is	less than zero, enter		r "0" in column 2			TOTAL		OR		500	
	C	LAIMS AS A	MENDED	- PAR	T II			IOIAL		OR	OTHER		
		(Column 1)	• .	(Colur				SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE-		RATE_	ADDI- TIONAL FEE	
	Total		Minus	Taga (±= 0,5)  - <b>**</b> 0   2,5			15	X\$ 9=		OR	-X\$18=	思维	
	Independent	* .	Minus	***		=	]	X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J	+140=		OR	+280=		
			٠			•		TOTAL		OR	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column :	3)	ADDIT. FEE		10	ADDIT. FEE		
AMENDMENT B		CLAIMS			EST		ή		ADDI	•		4551	ĺ
		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2)	Minus	* 2	ρ	=		X\$ 9=		OR	X\$18=	13	
	Independent	• 2	Minus	***	2	= 0		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPEN				CLAIM				<del> </del>		<b></b>		
								+140=		OR	+280=		
								ADDIT, FEE		OR	TOTAL ADDIT. FEE	12	l
		(Column 1)		(Colu	mn 2)	(Column :	3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	RES		=		X42=			X84=		
Ľ	FIRST PRESE	PENDEN	T CLAIM		ا لـ			OR			İ		
					500 to			+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	in the "Highest Nur The "Highest Nurr	mber Previously Pa	aid For" (Total o	r Independ	is ites the	highest nun	ber fo	und in the ap	propriate bo	x in co	lumn 1.		